

Training health visitors in cognitive behavioural or person-centred approaches is cost-effective and can improve outcomes for women at risk of postnatal depression

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Declarative title: Training health visitors in cognitive behavioural or person centred approaches is cost-effective and can improve outcomes for women at risk of postnatal depression.

Commentary***Implications for practice and research***

- Health visitors should be trained and supported to deliver cognitive behavioural or person centred approaches.
- Research should be undertaken to determine whether PoNDER remains clinically effective and cost-effective when delivered by other health professionals.
- Future research should explore the longer-term cost-effectiveness and social impact of using PoNDER with women experiencing postnatal depression.

Context

Postnatal depression (PND) is common and can have a negative impact on both maternal and infant health.¹ PND affects maternal-infant interaction and can lead to long-term adverse outcomes for children.¹ Health Visitors (HVs) in the United Kingdom (UK) offer a universal service to all new mothers. The original P^OstN^atal D^epression E^conomic evaluation and R^andonmised (PoNDER) trial examined the effectiveness of training HVs to assess mood, identify depression, and deliver either cognitive behavioural (CBA) or person centred approaches (PCA).² Findings from the trial demonstrated PoNDER was effective when working with women who scored $>12^2$ or $<12^3$ on the Edinburgh Postnatal Depression Scale (EPDS).⁴

Methods

This study⁵ completed an economic evaluation to determine the cost-effectiveness of HVs using PoNDER with women at risk of PND. It examined data collected as part of the original PoNDER trial completed between 2003–2006^{2–3}. The analysis focused on women who scored <12 on the EPDS⁴ and were thought to be low risk for PND. The study considered the implementation costs for PoNDER and whether it achieved reductions in HV contact and/or use of health services. Cost-effectiveness calculations used estimated prices from 2003/2004 and were completed for 1459 women (1042 PoNDER and 417 controls). Quality-adjusted life-years (QALY) and risk of depression were calculated to determine the impact PoNDER had on mothers between 6-weeks and 6-months following birth.⁵

Findings

The combined intervention groups (CBA & PCA) had significantly ($p<0.001$) fewer visits with the HV between 6-weeks and 6-months.⁵ Those women in the CBA group spent 62 minutes less ($p=0.049$) time with their HV. Women in the PCA group spent roughly the same amount of time with the HV as the control group ($p=0.156$). Overall, costs for women receiving PoNDER were significantly ($p=0.028$) lower (£72 per person) than those receiving 'care as usual'.⁵ Statistically significant ($p=0.046$) changes in QALY were reported in the PoNDER groups at 6-months. Risk of depression did not change significantly for those involved in the cost-effectiveness analysis who were receiving PoNDER.⁵

Commentary

Clinically effective and financially viable psychological interventions have an important role to play in the care of women with PND and can positively impact maternal-infant health.⁶ PoNDER helps prevent depression in women who score $<12^3$ on the EPDS⁴ and is cost-effective. Both the CBA and PCA components of PoNDER appear to be equally cost-effective and pay for themselves within 6-months.⁵ Economic evaluations of interventions for PND often focus on maternal health outcomes and calculate cost-effectiveness over a short period of time.⁶ Research indicates PND can impact on other people within the family home and can contribute to marital problems.⁶ Children are particularly vulnerable when they are exposed to persistent maternal PND and can experience adverse childhood outcomes.¹ This study⁵ calculated the cost-effectiveness of PoNDER at 6-months postnatal and considered maternal risk of depression and QALYs. The economic evaluation was undertaken within the UK using figures from 2003/2004, therefore, the cost-effectiveness will likely change when PoNDER is delivered in different health care systems and/or when using current costs. Future economic evaluations of psychological interventions for PND should consider a wider range of psychosocial outcomes and longer-term outcomes for mother and child.⁶ The findings from this economic evaluation suggest PoNDER should be adopted universally as a preventative intervention for women at low risk of PND. This strategy could reduce health expenditure and improve outcomes for new mothers.

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Competing interests

None